

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15	/		/				65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3				2		TOTAL IND.						
TOTAL DEP.	27				25		TOTAL DEP.						
TOTAL CLAIMS	30				27		TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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